ANNUAL REPORT

for the year
ending December 31, 1984

Nova Scotia Commission on Drug Dependency

The Honourable Gerald Sheehy
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

I have the honour of presenting the 1984 annual report of the Nova Scotia Commission on Drug Dependency.

During 1984, we saw an increase of 7 percent in the use of Commission facilities. This increase is significant and indicates that Nova Scotians are aware of the existence of the Commission and have come to seek its help in dealing with their drug dependency problems.

It should be pointed out that there has been an increase in the use of narcotics in Nova Scotia and the Commission, being responsible for treatment of drug-dependent persons in the Province, has responded to the expanded need for treatment and rehabilitation with new and innovative programs.

The Commission's peer education pilot programs expanded during the past year with the development of a program in the Cole Harbour area. Many young people have been referred or are referring themselves or their parents to the Commission for treatment. After evaluating the impact of this program, the Commission is prepared to recommend expansion of the service to other areas of Nova Scotia. However, our restricted budget will not allow us to implement the program as quickly as the Commission Board feels it ought to. The Peer Education Program will be expanded, but at a more moderate pace than had been anticipated.

I would like to express the appreciation of the Commission Board for the participation of the Premier and yourself, Mr. Minister, in the Canadian Addictions Foundation conference held during April and May 1984. The conference was an overwhelming success, and part of that success can be attributed to the commitment given by you and by Premier Buchanan in addressing the conference.

I have already indicated the need for resources in the Peer Education Programs and again I find it necessary to express the concerns of the Commission regarding the lack of resources available to deal with ever-increasing drug-dependency problems in Nova Scotia. It continues to be the opinion of the Commission that

more needs to be done, that more areas of the Province need services, and that more people in Nova Scotia, due to an increased awareness encouraged by the Commission, are looking to us for help with their particular addiction. Although we appreciate the tremendous support given in the past by government, we wish to impress upon government our deep feeling that we must continue to move forward. We believe that increased financial resources will permit the Commission and its staff led by Executive Director Marvin M. Burke to continue the good work that has been a tradition of the Commission since its inception. The excellent fiscal management provided by Mr. Burke and the commitment by staff to Nova Scotians who are drug-dependent is obvious; the growth we have experienced in the past year in itself demonstrates the need in the community.

The volunteer segment, with its local committees and regional advisory boards, continues to play a major role in the development of our policies and programs. With the collective effort of these dedicated people, it is the belief of the Commission that we are meeting in large part the needs of members of our communities who need help.

We look forward to new challenges, new programs and new opportunities and we know that Nova Scotia is a better province because of the work of those dedicated to the Commission's cause.

Respectfully submitted,

Les Stoodley
Chairperson

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The Commission, Regional Boards, Staff, and Local Committees

Nova Scotia Commission on Drug Dependency

Les Stoodley Halifax	Chairperson
Kenneth C. Smith, M.Sc. Truro	Acting Vice-Chairperson
Jean Gray, M.D., F.R.C.T.(C) Halifax	
Edwin G. Belzer Ph.D. Halifax	
Fr. Vern Boutilier, A.C.S.W. Sydney	
Fr. John Graham, B.A. Reserve Mines	
F. James MacLeod, B.Sc. (Pharm.) Yarmouth	
Jack Phinney Middleton	
Orest Ulan, B.A. Halifax	
David Waterbury, Q.C. Kentville	
Harris E. Naugler Dartmouth	
Neville Robinson, M.D. Dartmouth	

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Carol Ann Amaratunga, Ph.D.
Co-ordinator, Prevention and Community Education

Edward T. Fitzpatrick, B.A.
Co-ordinator, Employee Assistance Programs

Brigitte Neumann, M.A.
Co-ordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Eleanor (Suzi) Cardoza, B.A.
Supervisor, Training Programs

Kevin MacPherson, M.A., B.S.Th.
Public Information Officer

Brian Wilbur, M.Ed.
Co-ordinator, School Services

Gerri Penny-Sharrow, M.Ed.
Representative, School Services

Patricia MacNeil-Maxwell, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Cape Breton Regional Advisory Board Members

Fr. John Graham, B.A. — Chairperson
Reserve Mines

Albert Prossin, M.A., M.D., C.M., C.C.F.D. — Vice-Chairperson
Sydney

Fr. John Webb, M.S.W.
Sydney

Rev. Duncan E. Roach
New Waterford

Fr. Hugh D. MacDonald, B.A.
Arichat

Kenneth Murray, M.D.
Neil's Harbour

Napoleon Chaisson, B.A., B.Ed.
Cheticamp

Hugh MacDonald
Inverness

Mary MacIsaac, R.N.
North Sydney

Kathleen MacLeod
Baddeck

Rev. Melvin Findlay
Sydney

Shelley Brown
Glace Bay

Herbert Stevens
Glace Bay

Lee M. Fuller
Orangedale

William Mullins
Sydney

Martin Brennan, M.D.
Glace Bay

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Co-ordinator

Claire Nyiti, M.S.W.
Manager, Treatment Services

Stanley MacDougall, M.S.W.
Field Representative, Employee Assistance Programs

Allister MacRae
Field Representative, Prevention and Community Education

Ruth Harvey Morrison, B.Sc. (Honours)
Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager

Primary Care Services

Nurse/Rehabilitation Counsellors
Dorothy Morrison, Head Nurse
Kay Evans, R.N.
Doris MacRae, R.N.
Clara Hillier, Diploma
Geralda Corbett, R.N.
Beatrice MacAury, R.N.
Leona Hickey, R.N.

Relief Nurse/Rehabilitation Counsellors
Kathleen MacNeil, R.N.
Frances MacIsaac, R.N.
Helen MacNeil, R.N.

Counsellor-Attendants
Brian Brewer
Stephen MacKinnon
Cyril Merner
Joseph Smith
Kevin Parsons
Arthur Jackson

Relief Counsellor-Attendants
Russell Aucoin
Erwin Best

Administrative and Office Staff

Clerical
Helen Lothler, Secretary
Michele MacDonald, Stenographer
Kay Boutilier, Stenographer
Isabel MacPherson, Stores Supervisor/Accounting Clerk
Debbie Odell, Clerk/Typist (Medical Records)

Dietary
Dorothy MacNeil
Virginia Bellefontaine
Rita Bates
Eileen Lyle
Madeline Ponee
Myrtle MacGillivary

Housekeeping
Jean Matheson
Shirley Fraser
Velma Whiffen
Gerrine Wrathall

Maintenance
Owen Hedd
Robert Chase

Outpatient Centres

Melton MacNeil, M.S.W.
Clinical Therapist (Sydney)

Garth Nathanson, M.Sc.
Clinical Therapist (Sydney)

Moe Saccary
Community Health Worker (Glace Bay)

Donald MacNeil
Community Health Worker (Port Hawkesbury)

Garnet Marsh
Community Health Worker (North Sydney)

Emily MacKenzie
Community Health Worker (Baddeck)

Allister MacKinnon
Community Health Worker (Inverness)

Bert Doucette
Community Health Worker (Ingonish)

Residential Rehabilitation Program

Eileen MacNeil, M.S.W.
Clinical Therapist

Irene Pierrynowski, R.N.
Nurse/Counsellor

Alexander MacDonald
Counsellor-Attendant

Halfway House (Park House)

Gerry Carew
Manager

Eileen Boutilier
Cook

Earl Budden
Counsellor-Attendant

George Parsons
Counsellor-Attendant

Kevin MacNamara
Counsellor-Attendant

Extended Care (Talbot House)

Rev. Bernard MacDonald, B.A., B.D., M.A.
Director

Nancy Beaton, B.A.
Clinical Therapist

Jane Murphy
R.N.

David MacInnis
Counsellor-Attendant

Daniel Currie
Counsellor-Attendant

Kay Gouthro
Cook

North Shore Regional Advisory Board Members

Kenneth C. Smith, M.Sc. — Chairperson
Truro

David E. Mason — Vice-Chairperson
Truro

Nellie Crowe, R.N.
Truro

Stan Chisholm
Stellarton

Robert Cooper, M.D.
Pictou

Ronald Fraser, M.A.
Antigonish

James Wm. Gilbert
Springhill

Fr. Kyte Gillis, B.A., B.Ed., S.Th.B.
Pictou

Stillman S. Smith, B.Sc., B.Ed.
Antigonish

Muriel Sutherland
Truro

Gary Copeland
Springhill

Farida Blacklock
River John

Grant Forbes
Trenton

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Co-ordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

David J. Macdonald, B.A.
Research Assistant

Gordon Thompson
Accountant/Office Manager

Elizabeth Wilsack, R.N.
Head Nurse

Primary Care Services

Nurse/Rehabilitation Counsellors
Alberta Dunbar
Helen McLeod
Joan MacDonald-Paquet
Jo-Lynn Murray

Counsellor-Attendants
Baxter Steeves
William Morrell
Sharon Woodworth
Anthony Law
Rod MacEacheron

Administrative and Office Staff

Clerical
Marie Sweet
Secretary

Margaret Stacey
Stenographer

Gail MacDonald
Ward Clerk

Dietary
Mary Noel
Denise MacDonald
Juliette Marks

Housekeeping
Isabelle Green
Mildred Bourgeois
Eva MacKaracher

Maintenance
Donald MacAulay
Roddy MacIsaac

Outpatient Centres

Purvis Cameron
Community Health Worker (Pictou)

Basil MacLeod
Community Health Worker (Pictou)

Frank Moeller
Clinical Therapist (Truro)

George MacPherson
Community Health Worker (Truro)

Stena Cook
Secretary (Truro)

Nelda Armour
Clinical Therapist (Antigonish)

Walter MacMillan
Community Health Worker (Antigonish)

Della MacCheesney
Secretary (Antigonish)

Donald S. Coombes
Clinical Therapist (Amherst)

Herbert Phillips
Community Health Worker (Amherst)

Edith Cole
Secretary (Amherst)

Ann MacLean
Clinical Therapist (New Glasgow)

Metropolitan/Lunenburg Regional Advisory Board Members

Orest Ulan, B.A. Halifax	Chairperson
James J. Magee Halifax	Vice-Chairperson
Neville Robinson, M.D. Dartmouth	Chairperson, Treatment Standards Committee
Sam Waye Head of Jeddore	Chairperson, Education Committee
Linda Simmonds, B.A., B.S.W. Waverley	
Alf Neilsen Head of Chezzetcook	
Roble Chipman Bridgewater	
Cyril Sampson Halifax	
Barbara Prime Walker Halifax	
Hope Beanlands, R.N., B.N. Halifax	
Rev. Rod MacAulay Halifax	
Heather Weld, B.Ed. Halifax	
Sarah Neish Dartmouth	
Martin Cummings Dartmouth	

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Co-ordinator

Robert Sharrow, B.A., Dip. Cl. Behavioural Sc.
Manager, Treatment Services

Lloyd Stone
Outpatient Department

Samuel Rendell
Field Representative

Annette Chipman, R.N.
Head Nurse

Karl Hall, B.A., B.S.W.
Residential Rehabilitation Program (28-day)

Heather Farwell, R.N.
Treatment Orientation Program (5-day)

Chris Cassell
Accountant/Office Manager

Primary Care Services

Nurse/Rehabilitation Counsellors
Kathy Philip
Colleen Phillips
Catherine Twaddle
Theresa LeBlanc
Roberta Hayes
Bernice MacNeil

Counsellor-Attendants
Donald Smith
Donald Gillis
Thomas Baker
Blair Gallant
Ronald Tobin
Lester Fillatre
Dorothy MacDonald
Heather Jamieson
George Munroe
Florence D'Eon
Stephen Pringle

Administrative and Office Staff

Clerical
Connie Cogan
Secretary

Joy Gerhardt
Receptionist/Typist

Margaret Warnell
O.T. Assistant

Joan Swinimer
Ward Clerk

Housekeeping
Myrtle MacPherson
Frances Bayles
Dorothy Langille

Outpatient Centres

Stella Girard
Community Health Worker (Dartmouth)

Bariff Williams
Assistant Head Nurse/Rehabilitation Counsellor

Emilia Burchell, B.S.W.
Clinical Therapist (Halifax)

Jeannette Dwyer, M.S.W.
Clinical Therapist (Halifax)

Daniel MacIntyre, M.S.W.
Clinical Therapist (Halifax)

John McGrath
Community Health Worker (Halifax)

Joseph MacLean
Community Health Worker (Halifax)

Lynda MacKenzie
Secretary (Halifax)

Carmel Jessome, R.N.
Assistant Head Nurse (Sackville)

Beverley Wambolt, M.S.W.
Clinical Therapist (Bridgewater)

Sandy Anderson
Community Health Worker (Bridgewater)

Margaret Kaulback
Secretary (Bridgewater)

Valley Regional Advisory Board Members

Jac Phinney — Chairperson
Nictaux West

David Johnson
Port Williams

James Rafferty, M.D.
New Minas

Norah Woodworth
Kings County

Rev. Neil G. Price
Wolfville

Valley Health Services Association —
The Alcoholism Program Advisory Council Members

Edna Moran New Minas	Chairperson
Lloyd Murray Centreville	Vice-Chairperson
Paul Fraser New Minas	
Jack Phinney Nictaux West	
Rev. Harold Cox Middleton	
Gaston d'Entremont Centreville	
George Kenny, M.D. Windsor	
Peter Mosher Kentville	
John Thompson Middleton	
David Waterbury Kentville	
Cyril White Kentville	
Rev. Neil G. Price Wolfville	
Lydia Sorflaten Annapolis County	

Bob Taylor
Canning

Bernard Campbell
Upper Rawdon

J.L. Rafferty, M.D.
Kentville

Valley Health Services Association Staff

Gaston d'Entremont
Regional Co-ordinator

Gayle Wilson, R.N.
Unit Co-ordinator

David MacDonald
Crosbie House Counsellor

George Libby
Crosbie House Counsellor

Ann Lewis
Co-ordinator

Brian Hernon
Field Representative

Evelyn Deneau
Family Therapist

Iva Gale
Community Health Worker (Middleton)

Keith Mattinson
Community Health Worker (Windsor)

Robert Reid
Counsellor-Attendant (Detox)

Linus Constantine
Counsellor-Attendant (Detox)

Muriel Hammond
Counsellor-Attendant (Detox)

Richard Stevens
Counsellor-Attendant (Detox)

Reginald Brown
Counsellor-Attendant (Detox)

Ross King
Counsellor-Attendant (Crosbie House)

Joan MacLean
Staff Nurse

Debra MacInnis
Stenographer

Edith Crocker
Stenographer

Western Regional Advisory Board Members

F. James MacLeod, B.Sc. (Pharm.) — Chairperson
Yarmouth

Sandra Noah, R.N. — Vice-Chairperson
Salmon River

J. Gerard MacEachern, B.Comm.
Yarmouth

Roland Muise, M.D.
Yarmouth

Alexander E. McCabe
Shelburne

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Father Leo Maillet, B.A.
Wedgeport

Rev. George Bell, B.Th., C.D.
Smith's Cove

Annie Hagen
Hunt's Point

Mrs. Georgina McLaughlin
Yarmouth

Francis Babin
Liverpool

Rev. Robert Johnson
Liverpool

Victor LeBlanc
Clare

Western Regional Staff

David Cassidy, M.S.W.
Regional Co-ordinator

Daniel Meunier, B.A., S.T.M.
Field Representative

Louis Comeau, B.A.
Research Assistant

Suzanne Surette, B.S.W.
Clinical Therapist

Maria Wood
Secretary

Janine Doucette
Stenographer

Outpatient Centres

Rosemary Kuhn
Clinical Therapist (Liverpool)

Carolyn Howard
Community Health Worker (Liverpool)

Dawn Harrington
Secretary (Liverpool)

Mario Villarroel
Clinical Therapist (Digby)

Blanche Keats
Community Health Worker (Digby)

Fred MacDonald
Community Health Worker (Shelburne)

Local Committees

Local committees function as groups in association with regional boards, and thus with the Commission, in delivering education and prevention programs at local levels.

They represent towns, villages and areas within regions. In effect, they are the very foundation upon which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet these needs. These committees receive ongoing funding from regional boards for local education and prevention programs. Each has on hand literature and information for distribution within its area. Some 400 to 500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

CAPE BRETON REGION

Baddeck
Cheticamp
Glace Bay
Inverness
Isle Madame/Louisdale
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
St. Peters
Sydney
Sydney Mines

NORTH SHORE REGION

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

METROPOLITAN/LUNENBURG REGION

Bridgewater
Eastern Shore
East Hants

WESTERN REGION

Argyle
Barrington
Clare
Digby
Lockeport
Queens
Shelburne
Yarmouth

An Overview Of 1984

Message from the Executive Director

As noted throughout this annual report, 1984 was a very busy year for all divisions of the Nova Scotia Commission on Drug Dependency.

Treatment and rehabilitation activities were increased in response to the needs of opiate addicts referred through the courts, and these newly generated activities have required implementation of new diagnostic procedures. This has been costly in terms of equipment purchase, which will continue to be a major need in the coming year. As well, workshops and training have had to be developed for Commission staff to enable them to perform new, related procedures. The increase in clientele has just begun to show its impact and one result is that Commission officials are most concerned that there will be a need in future for increased facilities such as a small but comprehensive inpatient narcotic clinic fully staffed by professional persons, including a full-time clinic physician.

A similar situation holds true for the treatment of adolescents throughout the Province. The best approach here may be a multi-faceted one that might include inpatient, outpatient and partial hospitalization care. Commission staff are presently reviewing this matter and recommendations will be prepared throughout the year so the Minister may consider the future implementation of this important program.

During 1984, the Commission on Drug Dependency hosted the Atlantic conference of the Canadian Addictions Foundation (CAF). Although this was primarily a regional conference, the depth of the program and the reputations of speakers attracted an audience from all over Canada and the United States. A registration of close to 300 persons had been hoped for — in actuality, the conference attracted over 600 people. Evaluation results were excellent, and the conference was a great success from a financial standpoint. The Commission has now been approached by the International Council on Alcoholism and Addictions (ICAA) in Switzerland to consider co-hosting the 2nd International Conference on Chemical Substance Abuse in the Armed Forces. The ICAA is hopeful that the Department of National Defence in Ottawa will cooperate with the Commission in acting as co-hosts.

In 1984, the Commission undertook its new responsibility, in cooperation with the Department of Transportation and the Attorney General's Department, to deal with persons convicted of impaired driving. Under new legislation, effective July 1, 1984, the Commission on Drug Dependency will interview all persons who have had their licenses revoked on a second or subsequent occasion because of conviction for impairment. Results of interviews will be sent back to the Registrar of Motor Vehicles who will then decide on the participation of these individuals in rehabilitation programs to be delivered by the Commission. This new responsibility will increase Commission client population figures by approximately 1,400 to 2,000 persons per year. Commission officials have considered the impact of this increase and have made recommendations regarding the need to obtain additional staff persons specifically for this new task.

Reference has been made to the Commission's need to deal with opiate addicts on a greater basis than before and additional information regarding this matter will be found in the report of the Treatment and Rehabilitation Division. Needless to say, the Commission is concerned about the increased availability and use of opiates in Nova Scotia and has been working closely with the Royal Canadian Mounted Police, the Medical Society of Nova Scotia, the Provincial Medical Board of Nova Scotia, the Bureau of Dangerous Drugs, and the Pharmacy Association of Nova Scotia to try to stem the flow of these substances to the streets of our province.

In the area of education and prevention, Commission activities increased throughout the year. Safe Graduation/Safe Summer programs and seminars were set up for some 500 students across the Province. These students became members of Safe Graduation/Safe Summer teams with the role of promoting the program in their own schools. Drug Awareness Week during 1984 kicked off a fourteen-month program for the International Youth Year. Commission staff were involved with high schools and high school leaders, and many student council presidents were quoted in the tabloid published for Drug Awareness Week.

Peer Education Programs continued at the high level of success they had achieved the year before, and Commission offices were besieged by schools throughout the Province requesting involvement in the Community Outreach Program, which includes the Peer Education Program, the Parent Education Program and Treat-

ment intervention. Commission staff are preparing a policy paper on this matter and it will be taken, together with an evaluation of the Peer Education Program, to the Commission Board during 1985.

In summary, the Nova Scotia Commission on Drug Dependency was busier than ever during 1984. New problems, new challenges and increased caseloads marked the year. Commission offices and staff made new forays into the field of education and prevention, increasing the profile of the Commission in the Safe Graduation/Safe Summer Program as well as expanding the Peer Education and Parent Education programs that are part of the Community Outreach Program's approach.

Education and Prevention Division staff continue to work as members of the Interdepartmental Liaison Committee. This committee consists of representatives of the Department of Social Services, the Attorney General's Department, the Department of Education and the Commission on Drug Dependency. The committee reviewed the Peer Education Programs and, as well, has been working on a pilot project which will be recommended during 1985 as a way of further testing the Community Outreach Program concept.

From a fiscal standpoint, the Commission was able to fully utilize its money and to live within its budget. However, the increased activity of 1984 will no doubt continue in 1985 and more pressures will be brought to bear for the implementation of the additional programs noted above. This will in turn bring greater pressures for increased resources.

Marvin M. Burke, R.S.W.
Executive Director

Employee Assistance Programs Division

Regional Seminars

Regional seminars were held this year in Sydney, Yarmouth and Halifax. The seminars in Sydney and Yarmouth were by invitation only and a selected group of companies were invited to send delegates. The program presented the proper way to develop and implement an Employee Assistance Program (EAP) at the worksite. The co-ordinator of the Employee Assistance Programs Division and the field representative from each region acted as resource persons. Participants were made aware of treatment facilities available to them for referral of employees who may be having difficulties at work or home.

The seminar in Halifax is an annual event sponsored by the Atlantic Region Management Training Centre and held at the Technical University of Nova Scotia. It is offered to people from within the Atlantic provinces and consists of a day-long seminar with resource people from business, government and labour.

These seminars were well received and will be repeated again in the spring of 1985. It is anticipated that they will be a regular service offered to the working community by the Employee Assistance Programs Division.

Nova Scotia Employee Assistance Programs Association

The Nova Scotia Employee Assistance Programs Association continues to be a very viable group. Over the past year, more than 260 people from various organizations, industries and businesses attended the four educational programs presented. The programs are varied in nature and address the needs of the "troubled" employee, one who is experiencing marital, financial, emotional, family or other problems that are adversely affecting his or her life. The emphasis is on making members of the association aware of services available to them and, more importantly, providing them with more knowledge of what actually happens when an employee is referred to these services.

The Employee Assistance Programs Executive consists of people representing such groups as the City of Halifax, Nova Scotia Teachers Union, Victoria General Hospital, Olands Brewery, Cana-

dian National Railways, Nova Scotia Commission on Drug Dependency and Valley Health Services. The executive ensures that most of the major groupings of industries and businesses within the Province are represented. This gives them an opportunity to assure that programs that are presented will have meaning for their particular worksites. Practical educational programs are stressed by the presenters.

Metro Drug Dependency Centre

The co-ordinator of the Employee Assistance Programs Division has been giving a monthly lecture for the last number of years to patients at the Metro Drug Dependency Centre. This grouping of patients consists of those who are enrolled in the Residential Rehabilitation Program (28-day) and the Treatment Orientation Program. Also present for these lectures are family members of patients receiving treatment.

Many of the people taking these programs are from business and industry and from organizations that have an Employee Assistance Program. These lectures enable the co-ordinator of Employee Assistance Programs to keep in touch with what is happening. In many instances there is positive feedback on how the company is utilizing its Employee Assistance Program. The practical effectiveness of the Employee Assistance Programs is brought vividly in view when patients express their feelings about what happened to them because someone at their worksite did something to assist them to voluntarily come forward for treatment, or, if that had failed, useD a formal approach to lead them to the Metro Drug Dependency Centre to commence treatment for their problem related to alcohol or other drugs.

Canadian Addictions Foundation (CAF)

The Canadian Addictions Foundation held its annual meeting in April and May 1984 in Halifax. The co-ordinator of the Employee Assistance Programs Division completed his two-year term as president of the foundation at that time. The many contacts made as president of the CAF enabled the co-ordinator to establish very important links with other colleagues involved in the employee assistance field across Canada.

Offshore Oil and Gas Industry

Seminars were held throughout the year for companies in Nova Scotia involved in offshore oil and gas exploration. The Employee Assistance Programs Division acts as the contact for referrals that are necessary from time to time for employees of these oil companies. Major aspects of the development and training involved in an Employee Assistance Program are conducted for these companies by their own employee assistance program consultants. The Employee Assistance Programs Division of the Commission on Drug Dependency is in close contact with these consultants and as such providing a necessary service to the oil companies involved in this important work off the coast of Nova Scotia. It is anticipated that as work on land develops, the division will be even more involved in assisting these consultants.

More and more, national companies are making contact with the Employee Assistance Programs Division for assistance in placing their employees in treatment programs. Many of these companies do their own training like the oil companies; however, when the need to use a program does occur, it is normally co-ordinated from the head office in Toronto, Montreal or Vancouver with the division co-ordinator of the Commission on Drug Dependency. This association is proving most beneficial to these national companies.

Atlantic Foundation for Occupational and Environmental Health

The Employee Assistance Programs Division is working closely with the Atlantic Foundation for Occupational and Environmental Health. This organization is utilized as an assessment referral centre by companies in the Burnside Industrial Park. Many are having programs developed for their employees after the need for assessment is identified at the Atlantic Foundation. It is anticipated that many of the 500 companies located in the Burnside Industrial Park will come to use the same format now used by those associated with the Atlantic Foundation. Wherever possible, an assessment centre should be available for self-referrals by employees as well as referrals by company officials. The Atlantic Foundation is pleased to provide this service in association with the Commission on Drug Dependency.

Medical Society of Nova Scotia

Meetings were held throughout the year among representatives of the Commission on Drug Dependency and the Medical Society and the Provincial Medical Board of Nova Scotia to develop a physicians' assistance program. This is a complex program to create because many physicians are self-employed and the normal procedures found in company Employee Assistance Programs policies do not apply. The meetings proved there is a need for such a program in Nova Scotia. It is anticipated that a program operated and supervised by the Medical Society of Nova Scotia will be formally announced in 1985.

Western Region Nursing Homes

The EAP field representative in the Yarmouth area has been active in developing programs for nursing homes in the counties of Shelburne, Yarmouth and Digby. Two homes now have policies in place and training sessions have been held with unions, supervisors and the people who will be responsible for administering these programs. It is hoped that the type of policy developed in the Western Region will be able to be used across the Province.

Fishing Industry

Ongoing contact is maintained with the fishing industry in the Western Region. Due to the nature of the industry — seasonal employment, high worker mobility — it has been difficult to arrange employer agreement to a formal policy. However, many companies are referring employees to the Western Region treatment centre and following procedures that would be laid down if they had a formal policy.

Rio Algom Tin Mine

The Rio Algom tin mine being developed in Yarmouth has been contacted in Kemptville where the mine site is being prepared. When the mine begins production, an Employee Assistance Program will be in place. The Employee Assistance Programs co-ordinator and the Employee Assistance Programs field representative from the Western Region visited the site in early spring 1984 and made con-

tact with officials there suggesting how the Commission could assist in the development of their policy and in the training of the people required to make use of the program.

Cape Breton Region: CN Marine and CN Rail

CN Marine and CN Rail employee assistance program co-ordinators have been assisted by the regional field representative of the Commission on Drug Dependency located in Sydney. The field representative meets regularly with supervisors and union officials who administer awareness programs for other employees. An increased number of referrals from both organizations has been the result. The Cape Breton field representative has assisted in the program development of these awareness seminars and in updating CN Marine and CN Rail training programs.

Since both CN Marine and CN Rail have full-time employee assistance program co-ordinators, the excellent working relationship of these co-ordinators with the treatment staff of the Commission on Drug Dependency is proving most beneficial to their employees during rehabilitation.

Devco and Sysco

Ongoing contact has been maintained with both these large organizations in the Sydney area. The field representative has assisted Sysco in updating and revising its policy and maintained regular contact with the committee associated with this policy.

Cape Breton Health Care Institutions

The Cape Breton field representative has ongoing meetings with administrators of the various hospitals in the Sydney area and holds information sessions for committees at these institutions. As a result, formal programs will be announced in 1985 at several of these hospitals. Nursing homes in the Sydney area also would like to develop Employee Assistance Programs at their facilities. Again, formal policies should be in effect by 1985.

Documentation, Evaluation and Research Division

The Service Delivery Information System (SDIS) operated smoothly in 1984. Full implementatgion in the Metropolitan/Lunenburg

Region remains incomplete, largely because no research assistant is available there to support use of referral reports. However, most reports are produced on a timely basis, even in that region. Final documentation of all SDIS features is well underway.

Progress with Service Delivery Information System operations has made several new projects possible.

A treatment outcome monitoring study was initiated in the Western Region. All first admissions to detox with alcohol dependency only, nineteen years and older, will be followed at six, twelve, and twenty-four months, subject to the patient's informed consent. To date, approximately ninety respondents have had intake interviews. Intake will continue until 150 respondents are being followed. A six-month outcome report is expected by March 1986; a twelve-month outcome report in fall 1986; and a twenty-four-month outcome report in fall 1987.

The survey of alcohol and other drug use among Halifax junior and senior high school students released in November 1983 continued to be of significant interest to the community in 1984. Over 400 copies of the report were disseminated in response to local and out-of-province demand.

Collaboration with faculty of the Health Education Division of the School of Recreation, Physical and Health Education at Dalhousie University made it possible to initiate more detailed analyses of the relationship between alcohol-related problems and reported stress, based on the school's survey data. An initial presentation of these findings was made at the 1984 CAF Atlantic conference; they will be submitted for publication in 1985.

Close liaison with the Health Education Division also allowed initiation of an evaluation of the peer education phase of the Community Outreach Program. Using a pre-test/post-test experimental and comparison group design, data on the effects of being a peer educator and of receiving peer education were collected. The peer-educator effects were presented in June 1984 at a national workshop on alcohol research among adolescents and young adults. The findings on students in grade 7 who received peer education will be available in spring 1985.

Prevention and Community Education Division

The Nova Scotia Commission on Drug Dependency has always been concerned with the development of community-based programs that strengthen the personal skills of individuals and thereby strengthen the community. Prevention and Community Education Division activities provide a range of services to the communities of Nova Scotia to assist the development of community awareness and education.

One province-wide activity which has gained national attention is Drug Awareness Week, which has provided a focal point for volunteers and staff to present information on drug issues to the communities of the Province. This year, the theme "Kids Care" provided an opportunity for youth of the Province to take a more active role and was an excellent introduction to the International Youth Year, because drug awareness continues every day of the year.

School and Youth Services

The Community Outreach Project begun in 1982 in one school system (Halifax West) was completely operationalized in all three phases: (1) peer education, whereby senior high school students (grades 10, 11, 12) are trained to deliver drug education lessons to classes of junior high school students (grades 7 or 8); (2) parent education, whereby drug information is presented to groups of parents by staff and parent volunteers; and (3) a referral system, which creates an intervention method for school staff who wish to help students harmfully involved with drugs.

The concept of the project was expanded in the fall of 1983 to the Cole Harbour school subsystem with the cooperation of the Halifax County-Bedford District School Board. The existence of two pilot projects provides opportunities for cross-fertilization of ideas and programs and for greater community ownership of the outreach concept.

The Community Outreach Team Training

A thirty-six hour teacher training program was offered to the teachers of the pilot high schools (Halifax West, Cole Harbour) and their junior high schools. Teachers continued to develop programs for their schools after the course concluded.

Peer Drug Education

Peer drug education continues to be a high priority for School Services throughout the Province. For example, 42 senior high school students of Kings County were trained to deliver classroom lessons to 1,100 grade 6 students. The older students try to correct some of the myths younger students have regarding alcohol and other drugs and talk about making decisions and ways to handle peer pressure. The Commission provides training for all peer drug educators throughout the Province and various schools provide the actual delivery of the program. Currently, nine of the Province's twenty-two school boards promote peer drug education.

Safe Graduation/Safe Summer Seminars

Risks associated with partying are a real concern for students. The Commission tried to increase awareness of these risks and safe alternatives by promoting alcohol- and chemical-free after-prom parties. Coinciding with Drug Awareness Week, the Commission sponsored six regional seminars. High schools were invited to send four students and a teacher/advisor to the seminar. Over 80 percent of the high schools participated and discussed ways they could reduce risks in their own communities.

Adolescent Treatment Services

Generally, youth who become harmfully involved with alcohol and/or other drugs are treated on an outpatient basis. The need for concerned family involvement is essential. Recently, the Commission has been looking at the whole area of adolescent treatment in order to provide the best services possible for our young people.

An Adolescent Treatment Committee comprised of members from various government departments (Health, Education, Social Services and the Attorney General's) has been formed to look at adolescent treatment services. The group plans to consider the possibilities of various programs for adolescents, including day care, after-school programs, aftercare and residential programs.

Training and Staff Development

In 1984, staff and community groups participated in several skill development and information programs:

Labrador Inuit Alcohol and Drug Abuse Program (LIADAP)

This basic staff training program for LIADAP staff concluded in 1984. It consisted of five four-day workshops in Happy Valley, Labrador, and Halifax. The topics covered were: (1) an introduction to the drug field, (2) planning and implementing public presentations and workshops, (3) community development, (4) school drug education programming, (5) self-help groups, and (6) basic pharmacology and drug-abuse issues.

Addictions Core Knowledge

The Core Knowledge series for Commission Board members was completed in 1984. One four-day workshop was held in December for new staff from all five regions.

"Managing the Intoxicated Passenger"

The Commission designed this training program for CN Marine and implemented it in 1983 with bartenders, waiters, stewards and captains of the vessels servicing the North Sydney to Port aux Basques run.

A second training session for CN Marine personnel on the M.V. *Bluenose* (Yarmouth to Bar Harbor run) was held in November 1984. A full report of this training program is available upon request. The Commission is in the process of adapting it for drinking establishments on land.

Assessment and Referral Techniques and Procedures

A training program for the Victoria General Hospital occupational health staff was held in April 1984, with four nurses and one physician participating.

Prevention Workshop

A workshop was held for prevention staffs that included: (1) adult

education techniques; (2) an introduction to the "Prevention Training in the Drug Field" (PTDF) package, a ranking of units and modules in order of priority for implementation; and (3) an analysis of 1984 Drug Awareness Week according to the "Conceptual Framework for Preventive Action" developed by the PTDF task force.

Addiction Counselling Workshop

This three-day course, to be offered every year, covered counselling communications skills, interviewing skills and treatment planning.

Outpatient Management of Benzodiazepine Withdrawal

Clinical therapists were updated on benzodiazepines and management of withdrawal in detox, and then explored strategies for withdrawal management in an outpatient setting.

The Training and Staff Development staff collaborated with School and Youth Services staff in several programs:

Peer Drug Education Training

This training was done for three district school boards: Kings County, Shelburne County, and Clare/Argyle.

Community Outreach Program Workshop

A workshop was held for the combined management group, field representatives and research assistants on the Community Outreach Program.

Media Services

The flow of information to the general public over the past year was highlighted during two major events. The Canadian Addictions Foundation's (CAF) Atlantic conference and Drug Awareness Week afforded opportunities for the Commission on Drug Dependency to present the general public with positive messages on primary prevention.

The five-day CAF conference, with its theme "Families and Drug Dependencies: New Problems, New Challenges," welcomed a

record number of participants and captured national media coverage.

Drug Awareness Week, with its theme "Kids Care," struck a responsive cord in youth and adults throughout the Province. The informational content of the "Kids Care" theme was the catalyst for interagency and interdepartmental cooperation which found expression through newspaper, radio and television programming. This blend of government agencies and the private sector resulted in high quality television programs and information packages. The cooperative effort stemmed from needs expressed by regional programs for practical and useful primary prevention information. The resulting programs, developed centrally, were taken and enhanced by local volunteers and regional programs through the use of their network of contacts throughout the Province.

These two major events highlighted the continuing efforts of the Commission on Drug Dependency to maintain a flow of information to the general public concerning drug dependency issues.

Library Services

The Commission on Drug Dependency library is responsible for collecting and disseminating information in pamphlets, monographs, posters, periodicals, reports and audio-visual aids. Library services are available to Commission staff and the general public. Requests for information can be made in person, by telephone or by mail.

The library has a collection of approximately 1200 monographs, 82 periodicals, 184 audio-visual aids, reprint files, a newspaper-clipping file and various reference materials. Library services include the circulation of monographs, pamphlet and poster distribution, photocopying of non-circulating materials, interlibrary loans, literature searches, compilation and circulation of acquisitions lists, and audio-visual aids distribution.

Treatment and Rehabilitation Division

Activity increased in the area of treatment and rehabilitation as various needs arose within the community. The Commission Standing Committee on Treatment and Rehabilitation completed work on the *Treatment and Rehabilitation Program Manual*, which will be published and delivered in 1985 to all treatment staff working for

the Commission. It details the Commission philosophy for all its treatment and rehabilitation programs and contains protocols for detoxification, benzodiazepine withdrawal and other procedures.

Halfway into 1984, Commission officials were made aware of a major problem in the community of "double doctoring," a process whereby an individual goes from doctor to doctor seeking narcotics or other restricted drugs without telling the doctor that he or she has received a similar drug from another doctor within a thirty-day period. Commission personnel were alerted to the need to provide special attention to patients referred from the courts after conviction for a double doctoring offence. In most cases, such individuals are addicted to opiates. The Commission has been working closely with the Provincial Medical Board and the Medical Society of Nova Scotia, the Royal Canadian Mounted Police and the Pharmacy Association of Nova Scotia in responding to this problem. The situation has increased pressure on Commission facilities and resources. As a result, new procedures have been instituted, described under "Pharmacology Services." Pressure on resources has pointed out the need for the Commission to open in the very near future a small but fully staffed, specialized narcotic clinic utilizing professional assistance, including a full-time clinic physician and an at least half-time consulting psychiatrist.

During 1984, the Commission saw an increasing need to review program potential for special groups such as women and adolescents. Task force committees have been appointed to study the situation and to make recommendations as soon as possible regarding program facilities and treatment approaches.

In the case of adolescents, the Commission has noted a great increase of referrals through the Peer Education Program in the two pilot schools in Halifax County. Over thirteen months, 109 young people were referred. This suggests a great need for additional staff and a more formalized approach to the treatment of adolescents. It does not, however, automatically suggest the need for an inpatient centre alone. Adolescent treatment throughout Canada and the United States generally employs a cluster of approaches, including inpatient, partial hospitalization and outpatient care.

The Commission notes with interest and some satisfaction that hospitals around the Province are expressing a desire to have drug dependency services housed in their facilities or in newly pro-

jected sites adjoining present facilities. Hospital-based services are now offered in the Kentville area and in Yarmouth. Hospitals in Springhill and Baddeck have shown interest and taken steps to facilitate the development of programs in cooperation with the Commission. The Commission has worked closely during the past year with the hospitals on the Eastern Shore, Musquodoboit Harbour and Sheet Harbour, to facilitate the development of two-bed units in these facilities. To project future needs, units also might be considered for such areas as Inverness, Liverpool, Digby, Shelburne and Bridgewater/Lunenburg.

The needs of the metropolitan areas of Halifax and Sydney are of course different than those of smaller communities. Planning eventually should take place for the erection of buildings in both the Halifax/Dartmouth and Sydney areas to house program and administrative units of the Commission.

Overall, the Commission Treatment and Rehabilitation Division was very busy in 1984 and it is anticipated that it will be even more so in 1985. The Commission anticipates an increase in patient load of 1,200 to 2,000 persons, generated by the new legislation that requires people who have had their licenses revoked for a second or subsequent occasion because of impaired charges, and convictions thereafter, to attend an interview and subsequent rehabilitation program conducted by the Commission on Drug Dependency.

Pharmacology Services

Ongoing functions of the Commission pharmacologist include: acting as a technical and clinical resource person to staff and other health professionals in the community; acting as the catalyst and resource person working with the Commission's treatment standards committees; making presentations to a wide range of groups, including professionals and students in medicine, pharmacy and nursing, as part of the education function; participating in various treatment and other committees regarding patient management (e.g., methadone maintenance committee); consultation with staff on individual patient management; supervising the drug analysis service to physicians and staff; maintaining knowledge of the cur-

rent street drug scene; keeping up to date on new advances and interpretations in the field of addictions and drug abuse; and writing reports and articles on various drug-related matters for internal use and external publication.

Benzodiazepine Protocol

Our treatment of benzodiazepine tranquilizer withdrawal follows the protocol adopted in spring 1983 in our "Treatment Standards and Routine Standing Orders" document. As this Benzodiazepine withdrawal protocol was relatively new, the Commission looked for feedback from staff and physicians who use it. After one year of application, feedback has been very positive — only slight changes will be needed. The Commission has received requests from hospitals and treatment programs in Canada for information on our benzodiazepine protocol. Some have implemented all or part of our approach, with good results.

The wide use of benzodiazepine tranquilizers is indicated by a continued increase in the number of patients dependent on these drugs, alone or in combination with other drugs.

New Urine Drug-testing Equipment

In the fall of 1984 the Commission acquired new equipment to allow in-house urine drug analysis for our patients and clients. This equipment is known as the Syva EMIT-ST system. It is relatively simple to operate and gives results within minutes. The appropriate staff have been given inservice workshops on the theory and operation of the instrument. The Commission pharmacologist coordinated the acquisition, implementation and training for this new system, and will supervise its application and provide ongoing support.

This new, rapid drug-testing capability will greatly enhance the effectiveness of staff in verifying the presence of various drugs and then proceeding with appropriate treatment. It will also be cost-effective by reducing delays in treatment progress due to uncertainty or manipulation.

At present this system is housed in the detox centre of the Metropolitan/Lunenburg Region and serves this region mainly. However, samples from other regions can be sent to the Dartmouth facility for analysis and results may be phoned back immediately. This procedure has proven effective and provides results more

quickly than past arrangements with outside laboratories. The immediate detection allowed by this resource encourages patients and clients to follow the treatment process; staff response has been very positive.

Focus on Treatment of Opiate Dependence

In the latter half of 1984, the Commission embarked on a review of its approach to treatment of opiate-dependent patients (patients addicted to heroin, morphine, codeine, etc.). New developments were investigated and assessed for usefulness to our services. To this end a major workshop was planned and carried out.

Dr. John Peachey, psychiatrist and medical director of the Opiate Treatment Program at the Ontario Addiction Research Foundation, was brought in to address senior treatment staff and physicians working closely with the Commission. Dr. Peachey's program is the only one in Canada using an assessment test known as the Naloxone Challenge Test. The workshop focused on the general nature of opiate dependency, the role of methadone and the details of performing this test.

The Naloxone Challenge Test allows objective measurement of the extent of physical dependence on opiates, which then becomes a basis for determining subsequent treatment. It eliminates most of the guesswork about the need for methadone and the dosing requirements of patients. The physicians and staff who attended this workshop will incorporate this new test into their approach to treatment in 1985.

The availability of urine drug analysis and the Naloxone Challenge Test will greatly enhance the effectiveness of our staff in treating opiate-dependent patients.

Street Drug Scene

The street drug scene continued the pattern of the previous year. That is, cannabis products (marijuana, hashish and hash oil) are most commonly available, followed by LSD and look-alike stimulants. A relative increase in phencyclidine (PCP) seems to have occurred in the latter half of 1984 and may continue into 1985. However, PCP is not as generally prevalent as it was a number of years ago.

Cocaine has continued to climb in popularity and availability. It is no longer unusual for patients dependent on one or more illicit drugs to report use of cocaine. We have had a few patients request help with cocaine use as their main drug problem. As more experience is gained by larger centres in Canada and the United States, we will incorporate appropriate developments into our approach to managing cocaine dependence.

During 1983, the Commission pharmacologist chaired a federal-provincial task force on drug monitoring. The mandate of this group was to investigate the feasibility of establishing a Canada-wide drug-monitoring system that would report on patterns of illicit drug use, and provide information on availability, prices and new drug developments.

During 1984, this task force prepared an inventory of sources of relevant drug-related information that currently exist in Canada. These sources were studied and ranked as to their usefulness for drug monitoring. The task force will continue during 1985 to develop a report on the Canadian drug scene based on these sources of information.

Drug Education for Professionals

During 1984, the Commission pharmacologist and other treatment staff spoke at many conferences, lectures, continuing education programs and workshops directed to professionals in the health and other fields. There appears to be a noticeable increase in requests for information from professionals involved with drug-dependent persons.

Cape Breton Regional Program

The year of 1984 was marked by ongoing growth of community awareness programs. Across the island of Cape Breton, summer work programs sponsored by local committees were co-ordinated with regional programs of the Prevention and Community Education Division. The counties of Inverness, Victoria, Richmond, and Cape Breton and the industrial area of Sydney were recipients of programs consisting of lectures, pamphlets, small group discussions and media presentations. Prevention and Community Education programs were continued and enhanced by local committees throughout the year.

A number of staff programs were developed during 1984 to enrich professional skills. Programs offered on a bimonthly basis included topical concerns related to the delivery of rehabilitation services.

Rehabilitation programs continued to be heavily utilized, with a noticeable increase in new admissions. An attempt was made to accommodate the special needs of teenage and female clients and the growing number of poly-drug and dual-diagnosis clients.

Local Committees

The volunteer sector, represented by thirteen local committees, remains committed to Commission on Drug Dependency objectives and to maintenance of local community input. The communities of Baddeck, Cheticamp, Glace Bay, Inverness, Isle Madame/ Louisdale, Louisbourg, New Waterford, North of Smokey, North Sydney, Port Hawkesbury, St. Peters, Sydney and Sydney Mines sustained active local committees. All local committees invested considerable time and interest in ensuring the Drug Awareness Week campaign met local recognition and success.

Education and Training

Much activity took place in the area of education and training during 1984 in a variety of programs. Undergraduates from University College of Cape Breton in Community Studies and from Dalhousie University School of Social Work spent many months in field placements at the regional centre in Cape Breton. Students from Sydney Hospital School of Nursing, St. Rita Hospital School of Nursing and Dalhousie Nursing School were given education in alcohol and drug addiction. A very interesting one-day session was provided for forty students from the Coady International Institute of St. Francis Xavier University.

For the first time we had a physician resident for a one month period. This time gave the physician an opportunity to observe psychological and physical aspects of drug addiction.

Workshops sponsored outside the agency and attended by our staff were: "Pastoral Care, Counselling and Human Relations"; a pre-retirement seminar; "Sexual Abuse of Children within the Family"; and the Canadian Addictions Foundation's Atlantic conference.

Staff sponsored a seminar for physicians entitled "Benzodiazepines in Office Practice" and a two-day workshop for staff members at the Northside Harborview Hospital entitled "Awareness and Treatment of Alcohol Related Problems."

Employee Assistance Programs

The Employee Assistance Programs (EAP) section of Cape Breton maintained an active involvement with the working community of the region during 1984. The year saw increased educational and awareness programming for union and supervisory personnel from various work settings. Some of the employees utilizing EAP awareness sessions included CN Marine, CN Rail, school boards, Sydney Steel Corporation, hospitals and nursing homes.

Treatment and Rehabilitation

Primary Care — Detoxification, Assessment and Treatment Orientation

Detoxification admissions have increased slightly over the past year. This may be due to shorter drug withdrawals for some patients, freeing beds more quickly.

Qualitative TLC (Thin Layers Chromatography) Drug Screens are routinely done when patients present themselves for drug withdrawals. This enables staff to assess drug use and eliminate long-term treatment for patients who maximize their multi-drug use. Patients who minimize their drug use are given a more controlled withdrawal. These drug screens are referred to our Cape Breton area laboratory, which transfers the specimens to Halifax for testing.

The quality control system of client review rounds throughout inpatient programs continues to provide treatment staff and management with an accurate and current profile of clients' needs and treatment plans.

Aftercare — Residential Rehabilitation Program

During the year, the Residential Rehabilitation Program delivered eleven group programs and maintained its two primary treatment approaches of group therapy and group life-skills development.

However, one program during 1984 was designed for the special needs of candidates within the correctional programs servicing our area. As a result of this program, many insights were obtained on how to approach the rehabilitation of ex-offenders who are substance abusers.

Outpatient Department

Evening programs in the Outpatient Department directed at both drug-addicted persons and their family members continue to serve a very important educational and supportive role, and represent an extension of our services to the community at large. Individual, family and group counselling is offered to our day clients and was extended in 1984 to serve clients on an evening basis. A restructuring of the division has been directed at better servicing the needs of Central Outpatient Unit and satellite-office staff.

Halfway House (Park House)

In 1984, Park House continued its existing program and introduced a weekly session conducted by an A.A. member from the community. The acquisition of a video-cassette recorder will enhance the material available to the program. Park House also created an admission committee to interview referred clients, which consists of the manager of treatment services, the manager of the halfway house and one counsellor-attendant from Park House, in consultation with referring agents.

Rural Satellite Programs

The year 1984 saw the rural outpatient satellite programs fully reinstated with the community health worker position re-established in the North of Smokey area. This met with the satisfaction of both the Commission on Drug Dependency and local communities. Services provided by the rural offices include counselling and treatment, as well as prevention and community education support to local groups and organizations.

Documentation, Evaluation and Research

During the past year, quality control of the record-keeping system has remained a priority on the regional level. A change-over in clerical support staff necessitated a comprehensive training period for the new staff person to ensure familiarity and competence in maintaining the manual record-keeping system.

Administration and Operations

The year 1984 saw substantial improvement of the physical facilities in the Cape Breton Region. With the assistance of workers from a Housing Commission employment project, most areas of the Cape Breton Addiction Centre were repainted. Other improvements were made to the addiction centre's grounds and main entrance and to the halfway house.

Regional expenditures were carefully monitored during the year and were within budget. Excellent cooperation from all divisions of the centre aided our efforts to reach this goal.

During 1984, the Friends of the Cape Breton Addiction Centre Auxiliary was formed as a volunteer organization to support the needs of our inpatients and clients. A fund-raising project was undertaken and the response was very positive. Proceeds were used to assist with the furnishing of a women's lounge and for gifts for inpatients during the Christmas holiday season.

North Shore Regional Program

Admissions to primary care in the North Shore Region increased over the past year by 4 percent. Participation in the treatment orientation program remains high at 38 percent of admissions. Approximately 32 percent of admissions were using the primary care facilities for the first time. Outpatient services were heavily utilized despite staff shortages in this department. Recovery House has been functioning well and has enhanced its program by using community resources.

The past year was noteworthy for its emphasis on prevention and community education. Safe Graduation/Safe Summer workshops and teacher inservices were held and local committees collaborated in the publication of an informational brochure describing services in the region.

Treatment and Rehabilitation

Primary Care — Detoxification, Assessment and Treatment Orientation

The projected annual total of admissions to our unit as of December 13, 1984, is 990. This is a 4 percent increase over 1983. Approximately 32 percent of admissions, or 317 persons, used primary care facilities for the first time. Utilization of detox services was as follows:

Pictou County	49%
Antigonish & Guysborough counties	17%
Colchester County	14%
Cape Breton Island	10%
Cumberland County	7%
Other	3%

The treatment orientation program was solidly utilized with 38 percent, or 376, of our patients participating.

Aftercare — Outpatient

A total of 1070 clients were seen in our various outpatient departments (O.P.D.). This number would have been considerably greater had it not been for staffing difficulties. The breakdown of clients per office is as follows:

Pictou/New Glasgow O.P.D.	482
Amherst O.P.D.	146
Antigonish O.P.D.	143
Truro O.P.D.	299
Total	1070

Aftercare — Inpatient Recovery House

Recovery House is making a consistently positive impact on our region. Approximately 135 North Shore clients participated in this program. Cooperation between Recovery House director and staff and the North Shore personnel remains constant and productive. This program has been strengthened by the regular input of community resources such as mental health and family services, health education professionals, clergy and self-help groups.

Staff and Staff Development

Our outpatient services were somewhat limited in 1984 due to prolonged staff illness in our New Glasgow/Pictou and Amherst areas, and the vacancy of a community health worker position in Antigonish that was not filled until well into 1984.

The year 1984 was stellar for staff development, which may be seen from the following:

	Theme	Place	Staff
Conferences	CAF	Halifax	11
Regional Workshops	Family violence	Truro	1
	Geriatrics	Truro	1
	Stress	Antigonish	6
	Core knowledge	Halifax	3
	Inmates and addictions	Tatamagouche	3
Regional Inservices	Mortimer Filkins	Pictou	10
	Counselling skills	Pictou	13
Regional Staff Meetings	Outpatient staff		3 times
	Secretaries		once
	Detox staff		twice

Regional staff meetings were for a full day and combined with inservices.

In 1984, much time was spent in preparation for the CAF conference as well as prevention and industrial programs directed to groups outside our region, such as CN Marine and the Dorchester and Springhill penitentiaries.

Prevention and Community Education

Education System

Our cooperation with the various school boards was as full as our means allowed. Requests remained varied and there was continued growth in the perception of the need for our services. Below are some of the more noteworthy involvements, which indicate the diversity of needs:

1. Regional — Safe Graduation/Safe Summer workshops, Truro and Pictou. There was a 75 percent representation of all North Shore Region high schools.

2. Pictou — parent-student drug awareness program (6 weeks). Ongoing formation of school board policy on alcohol and other drugs (4 sessions).

3. Colchester — inservice of new Health Education Program (five sessions).

4. Springhill — drug awareness program, Springhill High, grades 9-12 (eight sessions).

5. Antigonish — Peer Education Program (one exploratory session).

6. River John Consolidated — drug awareness program, students group (one day).

Community Organizations

North Shore staff continued to make presentations and give addresses to a wide variety of community organizations. The following are among the most noteworthy: Rotary and Lions clubs in Truro, New Glasgow, Springhill and Pictou; Maritime Baptist Convention, New Glasgow; Antigonish Diocesan Health Care Council; New Glasgow Home and School Organizations; Royal Canadian Legion,

New Glasgow; and Tearman Society, New Glasgow. Local television ran three series of five video presentations made by North Shore staff to promote drug awareness.

Local Committees

During 1984 a new local committee was formed in Pictou. This group proved to be very dynamic and instituted a small Safe Graduation/Safe Summer Program at Pictou Academy in June. They also disseminated educational material to local hospitals and doctors' offices. Finally, they spearheaded the publication of 12,000 informational brochures outlining services in the North Shore Region. They were supported by local committees from Antigonish, New Glasgow, Truro, and Springhill. Expenses for the brochure were shared by the local committees.

Drug Awareness Week

All twenty schools in the five counties of our region received Drug Awareness Week materials. In addition to provincial TV and newspaper coverage, a local cable station (K-Vision) used the Computerized Drug Awareness Program (CDAP ©) developed by the Commission. Truro FM radio, as well as CKDH Amherst, promoted the Drug Awareness theme.

Drug Awareness materials and publicity were promoted by local committees, community health workers and administrative staff. Information was provided to the *Antigonish Casket* and the *Springhill Register*, and displays were set up in public libraries in Amherst, New Glasgow and Pictou.

Employee Assistance Programs

The Employee Assistance Program (EAP) continued to be developed at the Riverton Residential Home; three sessions were held in 1984. EAP policy at Hawker-Siddeley Canada Inc. in Trenton was redefined and adapted to present needs and better standards; three sessions were held in 1984.

Building and Equipment Maintenance

This is the first year this section is being included in our annual report. The condition of our facilities directly affects pa-

tients/clients and staff. Because our main facility is a very old unit, special attention has been given to some of its more obvious needs. Excellent cooperation has been received from the Nova Scotia Department of Government Services.

In the past year the following improvements have been undertaken and completed: a new domestic hot water heater in the main building; three new doors in the side entrances to the unit; new steps for the side entrance; a complete repainting of the detoxification unit; a major cleaning/done with the help of probationers/of the ceiling, walls and trim on the main floor, with new paint being used where needed; and draperies for the main and second floors. One of our domestic staff devoted many hours of personal time to refashion used draperies obtained from Government Services.

Capital budgeting provided the following new equipment: one new 16 mm projector, one commercial propane cooking stove, one commercial electric cooking stove, and one commercial refrigerator. Shelving for the new filing system was installed.

In all program areas, staff are working towards developing effective skills in supporting families and adolescents in the recovery process. Emphasis has been on training specific staff in family therapy and on developing awareness of the powerful role family dynamics plays in the addiction and recovery process.

An Antabuse® (a deterrent medication) pamphlet has been developed by the Treatment Standards Committee of the Metropolitan/Lunenburg Regional Advisory Board as an adjunct to treatment.

Metropolitan/Lunenburg Regional Program

The year of 1984 was an exciting one for this region, not only due to the success of the Canadian Addictions Foundation's Atlantic regional conference held in Halifax, but also due to the realization of a long-held goal: the establishment of aftercare outpatient services along the Eastern Shore.

During 1984, three areas of programming received a great deal of attention and consideration: Primary Care (Detox), Aftercare (Residential Rehabilitation Program), and Aftercare (Outpatient Services). The overall goal in programming was to provide intensive support to individuals and families in the recovery process and lifestyle change from chemical dependency.

In the detox phase of primary care, staff developed and used two new forms, the "Client Profile" form and the "Relapse Assessment" form. Both help patients become more effectively involved in their own assessment and recovery process. The two forms are designed to support patients in sharing their feelings and taking a thorough look at how to increase their opportunities for successful recovery.

Residential Rehabilitation Program (28-day) staff have been refining the process and context of program delivery to help patients gain more control over their lives and deal more effectively with feelings and relationships to support recovery.

Eastern Shore Aftercare Services

Halfway through 1984, staff began providing outpatient services along the Eastern Shore. One community worker is located at the Eastern Memorial Hospital in Sheet Harbour and another at the Twin Oaks Hospital in Musquodoboit Harbour. A clinical therapist spends his week working between the two hospitals. Discussions are underway with both hospitals regarding up to two beds available at each hospital for detoxification.

A four-day workshop was conducted at the Metro Drug Dependency Centre in Dartmouth for nursing staff from Eastern Shore Memorial Hospital. Plans are to conduct additional workshops at the centre for staff of both hospitals.

Canadian Addictions Foundation Atlantic Regional Conference

Metropolitan/Lunenburg Regional Advisory Board members were congenial hosts at the hospitality desk set up for conference delegates and hosted a get-together for board members and staff from across the Province.

Drug Awareness Week

This year's theme was "Kids Care." The campaign was very well received in this region with many activities taking place, including pamphlet distribution, poster contests, mall displays and public awareness programs. Two well-attended drug-awareness nights were held along the Eastern Shore as part of the process of informing the public of the development of community-based aftercare services in the area. Finally, a very successful week-long drug-awareness campaign, which included a series of public presentations and displays, was held at Saint Mary's University.

Local Committees

The Bridgewater, Eastern Shore and East Hants local committees had a very productive year, maintaining a high profile in their respective communities. Committee members sponsored and co-ordinated many youth-oriented programs with schools, youth groups and service clubs. The committees were well represented at this year's CAF Atlantic regional conference.

For the coming year, efforts will be made to re-establish the Sackville local committee and to discuss the possibility of developing a new committee in Sheet Harbour.

Workshop for Volunteers

Many recovering individuals are involved as volunteers in the detox phase of primary care. After a meeting with some of the representatives of this group, a one-day workshop was conducted for the volunteers — it is expected that this will become a yearly event.

Valley Health Services Association Program

The detox unit and the Crosbie House treatment and rehabilitation program operated at full capacity during 1984. The concern of staff and the Advisory Council continues to be the waiting period before detox patients can be admitted to Crosbie House.

During the year, another facility was made available to the alcoholism program. It was named Pioneer House in honour of all of those who were and still are involved as volunteers in the field of addictions.

There were many activities in the area of education and prevention. The Peer Education Program was expanded to cover the three counties we serve: Kings, Annapolis and Hants. Representatives from thirteen Valley high schools attended a one-day Safe Graduation/Safe Summer seminar. During the year, we offered three educational programs at the local correctional centre. The programs consisted of nine two-hour sessions and were well received by the staff and inmates. The co-ordinator of education and prevention continued to be actively involved in many programs and activities at Acadia University in Wolfville.

The family program also continues to expand. More people are requesting to attend the two-day family seminar held at Miller Hospital every six weeks. This year, our family therapist has become interested and involved with adult children of alcoholics.

In the Valley Region, we have experienced a growth in the number and types of self-help groups. Three new self-help groups have been founded: Narcotics Anonymous (N.A.), Emotions Anonymous and SARA, a self-help group for adults sexually abused before age seventeen. We are pleased that the Alateen group is now holding its meetings on our premises, along with A.A., Al-Anon and N.A.

Towards the end of 1984, we began an outcome study that will involve interviewing 300 patients treated here between 1978 and 1982.

Western Regional Program

Treatment and Rehabilitation Program

The Western regional program continued to work in close liaison with the Addiction Treatment Unit at the Yarmouth Regional Health Centre. The total number of clients seen in the Western Region's outpatient services showed an increase of 19 percent over the previous year, while continuing to reflect a distribution of services in general proportion to the population of the four counties in this region. The ratio of first admissions to second and subsequent admissions dropped by 4 percent in the sixth year of operations and now stands close to the 40/60 ratio reported in other regions.

In January 1984, the Western Region began a treatment outcome study which will follow clients with alcohol problems for a period of two years. This study will document first-admission clients' recovery and progress to provide a clear picture of program effectiveness and a more refined definition of services required.

In 1984, seventy-six clients met the study's criteria and agreed to participate. The study includes follow-up at six, twelve and twenty-four month intervals. In order to provide a significant sample, new clients will continue to be added to the study into the middle of 1985. One factor which plagues studies of this nature is an inability to contact clients during the follow-up period; it is encouraging to note that at the end of the first year of this study, only one client was impossible to locate.

Number of Clients by County, by Old vs. New Clients, Western Outpatient Services

	1st Adm.	2nd or More Adms.	Total
Digby	59	77	136
Yarmouth	75	85	160
Shelburne	27	37	64
Queens	28	63	91
Total	189	262	451

Prevention and Community Education

The year of 1984 was a busy one for all local committees, as they struggled to determine new objectives focusing primarily on students and appropriate programs for schools. The transition from awareness programs directed to the community at large to attempts to interest school authorities in a structured approach to the question of drug use and abuse in their schools was difficult for many members of our local committees. The uneven record of achievements of the various committees in 1984 indicates this. The proposed new direction, however, was welcomed by all committees and 1985 should bring better implementation. The Lockeport Local Committee was formed during 1984.

Drug Awareness Week was the mobilizing event of the latter months of the year. Local committees organized meetings with school representatives, distributed the "Kids Care" kit and assured media coverage of the planned programs. The clear focus of this year's campaign was welcomed by all involved. An appreciable quantity of resource material was distributed throughout the region and the overall result of the year's Drug Awareness Week was very encouraging.

The Peer Education Program was introduced and fully implemented by two school districts — Shelburne and Clare/Argyle — during 1984. Preparatory work leading to approval and 1985 implementation of the program was also obtained from the Yarmouth School Board. Fifty-four high school students were trained during three weekend sessions and twenty-seven grade 7 and 8 classrooms were visited on three occasions by the peer educators. Initial reaction to the program has been quite favourable. Peer educators have proven to be a valuable resource in their respective schools.

Efforts were directed to initiate a "Parents and Prevention" program in the Yarmouth area. Several Home and School Associations were visited to explain the program. We hope to implement several parents and prevention courses in 1985.

Yarmouth was host to a very successful Safe Graduation/Safe Summer seminar in November of this year. Seven regional high schools and one vocational school responded to the invitation. It is hoped that this event will be repeated in 1985.

The tentative implementation of a new orientation took place in 1984. We feel valuable ground was laid on which we can construct and develop.

Client Statistics

Table 1
Selected Client Characteristics, by Region

Characteristics	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Age					
Under 14	0.1	0.1	0.1	—	—
14-18	2.2	6.0	2.8	1.2	7.4
19-24	9.5	11.7	10.2	9.8	16.2
25-34	22.2	21.5	24.4	18.9	31.1
35-44	27.0	25.3	29.8	26.0	22.1
45-54	20.9	19.6	19.3	25.9	12.7
55-64	12.4	10.8	10.1	11.7	7.2
65 +	5.6	4.8	3.2	6.5	3.3
No age given	0.1	0.2	0.1	—	—
Sex					
Male	88.1	82.1	81.5	81.8	78.5
Female	11.9	17.9	18.5	18.2	21.5
Labour Force Participation					
Employed full-time	28.5	30.6	36.8	35.4	25.0
Employed part-time	5.3	6.6	4.4	4.6	11.1
Employed seasonally	3.2	3.8	2.1	5.2	17.0
Homemaker	4.9	5.7	4.8	5.6	4.3
Student	2.1	5.6	2.7	2.1	6.6
Disabled	10.3	5.8	4.9	4.2	5.1
Retired	9.4	5.2	5.0	8.8	3.7
Unemployed	32.1	35.5	36.7	33.9	26.8
Not recorded	4.2	1.2	2.6	0.2	0.4
TOTAL	1207	1356	1904	522	488

Table 2
Client's County of Residence, by Region

County	Cape Breton	North Shore	Metropolitan/ Lunenburg	Valley	Western
Annapolis	1	3	4	68	3
Antigonish	10	155	13	—	—
Cape Breton	912	27	23	4	2
Colchester	4	255	28	7	3
Cumberland	—	180	6	1	1
Digby	1	1	4	13	156
Guysborough	6	51	8	—	.
Halifax	2	45	1453	41	3
Hants	—	16	49	107	1
Inverness	140	69	4	1	—
Kings	3	3	7	238	1
Lunenburg	2	—	236	15	.
					—
Pictou	2	500	13	3	—
Queens	—	1	20	2	87
Richmond	30	26	—	—	—
Shelburne	—	1	10	5	72
Victoria	79	4	1	—	—
Yarmouth	2	2	4	6	157
Out-of-province	4	13	17	8	2
Not recorded	9	4	4	3	—
TOTAL	1207	1356	1904	522	488

Table 3
Detox Utilization: Number of Individuals and Discharges, by Sex
Cape Breton

No. of Detox Discharges in 1984	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	479	73.0	479	52.7	55	75.3	55	55.5	534	73.3	534	53.0
2	125	19.1	250	27.5	13	17.8	26	26.3	138	18.9	276	27.4
3	37	5.6	111	12.2	4	5.5	12	12.1	41	5.6	123	12.2
4 or more	15	2.3	69	7.6	1	1.4	6	6.1	16	2.2	75	7.4
TOTAL	656	100.0	909	100.0	73	100.0	99	100.0	729	100.0	1008	100.0

Table 4
Number of Clients in Inpatient Treatment Programs, by Sex
Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	406	50	456
Day patient, with detox	1	—	1
Inpatient, no detox	7	1	8
Day patient, no detox	86	5	91
Residential Rehabilitation (28-day) Program Inpatient	76	8	84
Park House	27	2	29
Talbot House	41	—	41

Note: Since clients may attend more than one program, the sum of columns is *not* equal to the total number of clients in all treatment programs tabulated.

Table 5
Number of Clients, by Sex and Total Contacts, Outpatient Services
Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central O.P.D.	424	71	495	2656
Port Hawkesbury	51	11	62	932
North of Smokey O.P.D.	46	4	50	355
Inverness	48	5	53	905
Glace Bay	107	4	111	880
Sydney	75	20	95	623
Northside/Victoria	99	21	120	1446

Table 6
Detox Utilization: Number of Individuals and Discharges, by Sex
North Shore

No. of Detox Discharges in 1984	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	381	73.4	381	51.6	66	75.8	66	56.8	447	73.8	447	52.4
2	84	16.2	168	22.8	19	21.8	38	32.8	103	17.0	206	24.2
3	36	6.9	108	14.7	1	1.2	3	2.6	37	6.1	111	13.0
4 or more	18	3.5	80	10.9	1	1.2	9	7.8	19	3.1	89	10.4
TOTAL	519	100.0	737	100.0	87	100.0	116	100.0	606	100.0	853	100.0

Table 7
Number of Clients in Inpatient Treatment Program, by Sex
North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	196	34	230
Day patient, with detox	4	1	5
Inpatient, no detox	68	8	76
Day patient, no detox	43	12	55
Residential Rehabilitation (Recovery House)			
Inpatient	141	17	158
Day patient	—	—	—

Table 8
Number of Clients, by Sex and Total Contacts, Outpatient Services
North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/New Glasgow	376	86	462	6827
Amherst	140	31	171	1898
Antigonish	144	32	176	1790
Truro	232	77	309	2701

Table 9
Detox Utilization: Number of Individuals and Discharges, by Sex
Metropolitan/Lunenburg

No. of Detox Discharges in 1984	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	560	74.9	560	53.2	97	78.8	97	59.2	657	75.5	657	54.0
2	111	14.9	222	21.1	17	13.8	34	20.7	128	14.7	256	21.1
3	44	5.9	132	12.6	4	3.3	12	7.3	48	5.5	144	11.8
4 or more	32	4.3	138	13.1	5	4.1	21	12.8	37	4.3	159	13.1
TOTAL	747	100.0	1052	100.0	123	100.0	164	100.0	870	100.0	1216	100.0

Table 10
Number of Clients in Inpatient Treatment Programs, by Sex
Metropolitan/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	91	26	117
Day patient, with detox	—	—	—
Inpatient, no detox	208	45	253
Day patient, no detox	50	13	63
Residential Rehabilitation (28-day) Program			
Inpatient	99	29	128
Day patient	9	1	10

Table 11
Number of Clients, by Sex and Total Contacts, Outpatient Services
Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Dartmouth	259	152	411	1909
Halifax	677	143	820	9314
Cobequid	108	17	125	855
Bridgewater	189	44	233	2466
Eastern Shore	44	27	71	1217

Table 12
Detox Utilization: Number of Individuals and Discharges, by Sex
Miller Hospital, Valley

No. of Detox Discharges in 1984	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	175	79.1	175	61.9	37	94.8	37	88.1	212	81.4	212	65.3
2	34	15.4	68	24.0	1	2.6	2	4.8	35	13.5	70	21.5
3	9	4.1	27	9.5	1	2.6	3	7.1	10	3.9	30	9.2
4 or more	3	1.4	13	4.6	-	-	-	-	3	1.2	13	4.0
TOTAL	221	100.0	283	100.0	39	100.0	42	100.0	260	100.0	325	100.0

Table 13
Number of Clients, by Sex, Crosbie House
Valley

Treatment Program	Males	Females	Total
Crosbie House	115	29	144

Table 14
Number of Clients, by Sex and Total Contacts, Outpatient Services
Valley

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	271	72	343	2105
Middleton	52	12	64	1736
Windsor	81	13	94	1301

Table 15
Detox Utilization: Number of Individuals and Discharges, by Sex
Western

No. of Detox Discharges in 1984	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	121	89.7	121	80.7	29	93.5	29	87.9	150	90.4	150	82.0
2	13	9.6	26	17.3	2	6.5	4	12.1	15	9.0	30	16.4
3	1	0.7	3	2.0	-	-	-	-	1	0.6	3	1.6
4 or more	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	135	100.0	150	100.0	31	100.0	33	100.0	166	100.0	183	100.0

Table 16
Number of Clients, by Sex, Treatment Orientation Program
Western

Treatment Orientation Program	Males	Females	Total
Inpatient, with detox	72	16	88
Day patient, with detox	-	-	-
Inpatient, no detox	61	7	68
Day patient, no detox	3	2	5

Table 17
Number of Clients, by Sex and Total Contacts, Outpatient Services
Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Yarmouth	119	31	150	1298
Queens	60	31	91	1150
Digby	121	31	152	2048
Shelburne	53	12	65	1150